

DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL DEPARTMENT ACTIVITY
Fort Huachuca, Arizona 85613-7040

MEDDAC Memorandum
No. 15-1

1 February 2005

Boards, Commissions and Committees
COMMITTEE MANAGEMENT

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1. HISTORY: This issue publishes a revision of this publication.

2. PURPOSE: To provide guidance on the Committee Meeting Management Program and to provide a listing of current teams, boards, councils and committees at the MEDDAC. The intent of this memorandum is to document only permanent standing groups of primary command interest.

3. REFERENCE: AR 15-1, Boards, Commissions and Committees

4. RESPONSIBILITIES:

4.1 Proponent for the Committee Management Program is the Quality Management Division.

4.2 Chiefs and supervisors will ensure that standing teams, boards, councils and committees are locally approved and documented as specified in this memorandum.

4.3 Team, board, council and committee chairpersons/leaders will conduct meetings according to this memorandum.

5. PROCEDURES: Proposals for establishing a new team, board, council or committee will be routed through the Quality Management Division, to the ECOPS and EXCOM. (See Table 1 for format).

6. ATTENDANCE & VOTING: A simple majority will constitute a quorum. (ECOPS requires the majority of its core medical staff present). Majority vote carries.

7. MEETING GROUP STRUCTURE: Each meeting group will have a chairperson and a recorder, except for the Awards Committee. Membership will be established by the governing authority.

8. REPORTING CHANNELS: Table 2 outlines the reporting channels for all MEDDAC teams, boards, councils, and committees.

9. REVIEW: This memorandum will be reviewed on an ongoing basis every 18 months.

10. FUNCTIONAL AREA ASSESSMENT TEAMS (FAATs)

10.1 Operational Guidelines:

10.1.1 Each Functional Area Assessment Team (there are nine), is assigned a Team Leader and Alternate Team Leader, to manage the multidisciplinary team. Each Team also has a Deputy designated as the Team Champion, to serve as an information link, motivator and counselor.

10.1.2 Each multidisciplinary Team will consist of subject matter experts from MEDDAC disciplines, which are primary focuses of the Standards Areas listed in the Comprehensive Accreditation Manual for Ambulatory Care.

10.1.3 Each Team may request additional members based on improving the Team's scope and ability to function at optimal levels.

10.1.4 Each Team will be provided with a copy of the Standards Manual relative to their areas of responsibility as well as other relative literature.

10.1.5 Each Team is empowered/expected to:

10.1.5.1 conduct reviews of their respective functions standards

10.1.5.2 share information on compliance with these standards with MEDDAC areas covered by these standards (i.e. specific data, timelines, format)

10.1.5.3 collect data from MEDDAC areas with regard to these reporting requirements

10.1.5.4 document these findings for further action/review

10.1.5.5 assist in forming sub-teams in respective areas to address recommended actions, their implementation, and subsequent follow-up data collection

10.1.5.6 assist Department/Service chiefs in their efforts to meet the standards and intent of the Accreditation Manual

10.1.5.7 recommend actions where processes cross departmental lines

10.1.5.8 oversee, measure and assess compliance with policies and standards implemented by respective FAAT

10.1.6 Based on a calendar, two FAATs will report to the MEDDAC EXCOM each week, usually on a Wednesday.

10.1.7 Each FAAT will report to the Executive Committee of the Professional Staff on a quarterly basis to address active issues and to receive clarification/direction for future activities.

10.1.8 Each FAAT will assess this MEDDAC's current status with regard to compliance with current Healthcare guidelines and acceptable practices and JCAHO Standards, and will work to facilitate compliance.

10.2 Functional Area Assessment Teams (FAATs) are composed of subject matter experts from the various MEDDAC disciplines. Their membership is approved by the EXCOM. They meet monthly or more frequently as needed. Each FAAT reviews compliance with JCAHO standards, shares information, collects and analyzes data, documents findings, assists in forming sub-teams and assists department chiefs, and recommends actions. FAATs communicate directly with the Champions and the Chief, Quality Management, refer recommendations for

approval to the Executive Committee of the Professional Staff, measure and report progress, findings, etc. to the Executive Committee of the Professional Staff and EXCOM. The Functional Area Assessment Teams are:

- Patient Rights and Organizational Ethics
- Management of Human Resources
- Management of Environment of Care
- Surveillance, Control, & Prevention of Infection
- Management of Information
- Provision of Care
- Medication Management
- Leadership
- Improving Organizational Performance

Table 1 – Format for Establishing a Team, Board, Council or Committee
MCXJ-XX (15-1a)

MEMORANDUM FOR Commander, RWBAHC, ATTN: MCXJ-QM

SUBJECT: Establishment of the (Group Name)

Request approval to establish the (Team, Board, Council or Committee Name). The following information is provided:

a. Authorizing directive. (Cite and include a copy of the statute, regulation, order, letter, or similar document authorizing the establishment of this committee. If there is no authorizing document, so state.)

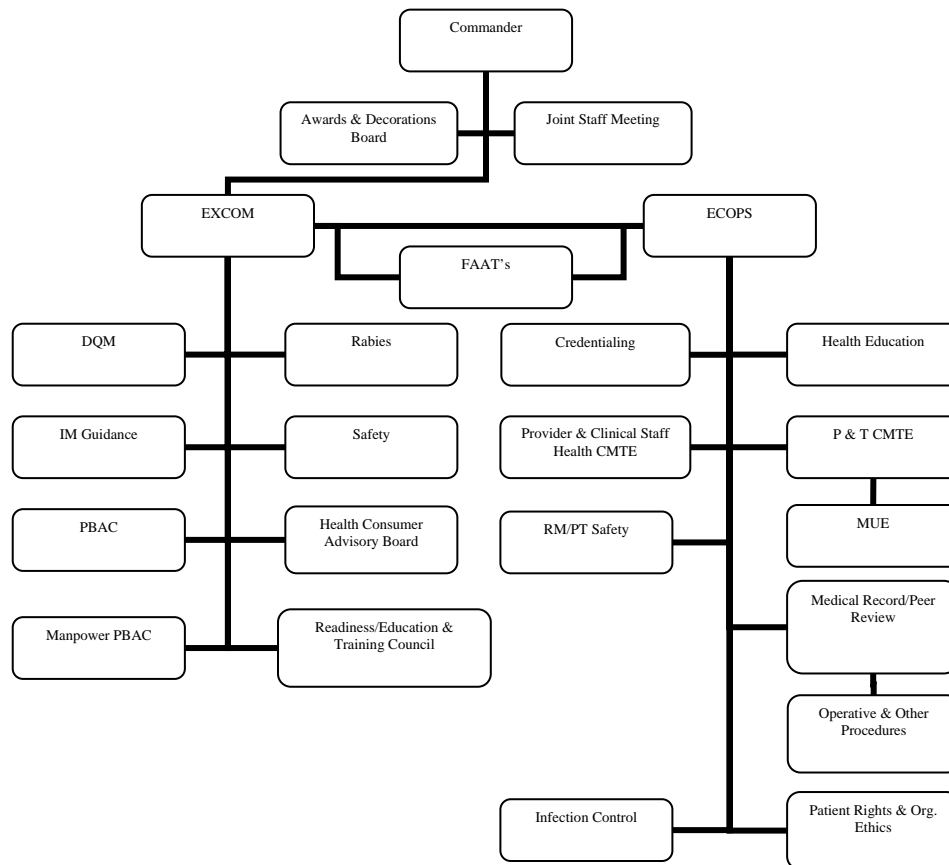
b. Proposed charter. (Clearly state mission and organization of this committee. Include when meetings will be held (e.g., weekly, monthly, quarterly). Also list reporting procedures to include which office will maintain records and files and to which committee or official this committee will report.)

c. Proposed membership. (List each member by position. Identify Chairperson, Recorder, voting and non-voting members.)

d. Justification. (Statement on benefits to be derived from this committee and why its objectives exceed the capability of normal staff processes or existing committees.)

Encls (if any)

TYPED NAME
GRADE, CORPS
Title

Table 2 – Reporting Channels

The proponent for this publication is Quality Management Division. Users are invited to send comments and suggested improvements on DA Form 2028 directly to USA MEDDAC, ATTN: MCXJ-QM, Fort Huachuca, AZ 85613-7040.

FOR THE COMMANDER:

OFFICIAL:

ROBERT D. LAKE
Information Management Officer

NOEL J. CARDENAS
MAJ, MS
Deputy Commander for
Administration

DISTRIBUTION: C

APPENDIX A
Awards and Decoration Board

Purpose: Consider all awards submitted on military and civilian staff of the MEDDAC and make appropriate recommendations to the Commander regarding approval or disapproval.

Authority: AR 600-8-22, Military Awards
AR 672-20, Civilian Awards

Chairperson: Not used. *

Recorder: Human Resources Division

Members: Deputy Commander for Clinical Service
Deputy Commander for Health Services
Deputy Commander for Administration
Sergeant Major

Meetings: No formal group meeting.*

Records/files: Maintained by Human Resources Division.

Report to: Commander

* Award is submitted to each of the voting members. They vote in private. Award is returned to PAC for completion. Prior to submission to Commander for final approval, results are E-mailed to each voting member indicating the outcome. If there are issues with the voting result, they are addressed amongst the members until resolved.

APPENDIX B

Data Quality Management Committee

Purpose: To provide the internal structure to improve and better assure data accuracy, completeness, and timeliness of MTF data.

Authority: DODI 6040.40 Military Health Systems DQMC Procedures

Chairperson: Deputy Commander for Administration

Recorder: Data Quality Manager or Command Secretary

Members: Deputy Commander for Administration
Resource Management Division, DQ Manager
C, Clinical Support Division
Resource Management Division, Deputy
Clinical Support Division, Assistant
Patient Administration Division, ADM Representative
Information Management Division, CHCS Representative
Clinical Support Division, PAS Representative
Department of Nursing, Nursing Representative

Meetings: Monthly or upon call of Chairperson

Records/files: Maintained by the DQ Manager

Reports to: Executive Committee

APPENDIX C
Executive Committee

Purpose: Provide for the maintenance of quality patient care and effective utilization of available resources; serve as the governing board of the MEDDAC and assist the MEDDAC Commander in the execution of his responsibilities.

Authority: AR 40-2, Army Medical Treatment Facilities
AR 40-68, Quality Assurance Administration

Chairperson: Commander

Recorder: Command Secretary

Members: Deputy Commander for Clinical Services
Deputy Commander for Health Services
Deputy Commander for Administration
Sergeant Major
C, Quality Management

Meetings: Meets M-W-F for Morning Report. In addition, meets formally with agenda, at the call of the Commander, a minimum of four times per year. During the formal sessions, minutes are taken, ECOPS minutes and issues brought to the Committee are reviewed. Meets with special groups of interest as scheduled. The Working Group of the EXCOM, consisting of all the deputies, Sergeant Major, and C, QM, meet Tuesday and Thursday to work on special projects for the EXCOM.

Records/files: Maintained by Command Secretary.

Reports to: Commander

APPENDIX D
Executive Committee of the Professional Staff (ECOPS)

Purpose: To establish a primary authority over activities related to the functions of Self-governance of the medical staff, leadership, and improvement of organizational performance IAW the JCAHO Standards for Ambulatory Care.

Authority: Comprehensive Accreditation Manual for Ambulatory Care

Co-Chairpersons: Deputy Commander for Clinical Services
Deputy Commander for Administration
Deputy Commander for Health Systems

Recorder: Assistant, Quality Management

Members: C, PMWARS
C, Military Medicine
C, Primary Care
C, Specialty Care
C, Behavioral Health
C, Ancillary Care
Sergeant Major *
Civilian Provider at Large *
C, Patient Administration Division *
Risk Management Coordinator *
Patient Safety Manager *
C, Quality Management *

* non-voting members

Ad-hoc members: Subject matter experts or external customers, participate as needed when invited.

Meetings: Meets monthly or at the call of the Co-Chairpersons.

Records/files: Maintained by Quality Management Division

Reports to: Executive Committee

APPENDIX E
Executive Committee of the Professional Staff Credentialing

Purpose: Review and verify credentials of all healthcare providers and recommended to the Commander clinical privileges appropriate to the provider's education, training, and experience. The ECOPS Credentials group is also responsible for taking actions on providers who demonstrate clinical incompetence or unprofessional conduct.

Authority: AR 40-68, Quality Assurance Administration

Chairperson: Deputy Commander for Clinical Services

Recorder: Credentials Coordinator

Members:*
C, Specialty Services
C, Primary Care
C, Military Medicine
C, Behavioral Health
C, Pediatric Clinic
C, Adult Family Care Clinic

*When the committee acts upon the privileges of members of other disciplines, or upon the privileges of an HCP as requested by the Commander, the director or chief of that department or service or designated corps representative will also be a member of this committee.

Meetings: Monthly or at the call of the Chairperson

Records/files: Maintained by the Credentials Coordinator

Reports to: Commander

APPENDIX F
**Executive Committee of the Professional Staff
Risk Management/Patient Safety**

Purpose: Systematically analyze internal MEDDAC data sources to identify actual or potential risk management and patient safety issues; investigate and peer review all adverse events related to risk management and/or patient safety and ensure that evaluations are expeditious, thorough, and well documented; act in the capacity of a peer review committee in all malpractice claims cases. Assist in identifying sentinel events, monitor the conduct of root cause analysis and ensure findings are acted upon.

Authority: AR 40-68, Quality Assurance Administration

Chairperson: Deputy Commander for Clinical Services

Recorder: Risk Management Coordinator

Member*: Deputy Commander for Administration
Deputy Commander for Health Systems
Sergeant Major
C, Military Medicine * Following attend and
C, Primary Care are members of the
C, Specialty Services Patient Safety
C, Behavioral Health portion of meeting:
C, Ancillary Service C, Pharmacy
C, PMWARS Infection Control Officer
C, Quality Management Senior Clinical NCO
Patient Safety Manager
Medical Claims Judge Advocate

Meetings: Monthly, or at the call of the Chairperson

Records/file: Maintained by Quality Management Division

Reports to: Executive Committee

APPENDIX G
Health Consumer Advisory Council

Purpose: Assess and meet the needs and concerns of the community and to keep beneficiaries aware of information and policy changes at the MEDDAC. It is the Commander's forum for the exchange of information between the community and the MEDDAC.

Authority: Commander, MEDDAC

Chairperson: Commander

Recorder: Command Secretary

Members: The Military Officer Association of America (MOAA) representative
The Noncommissioned Officers Association (NCOA) representative
Active Duty and spouse representatives from Military Intelligence
Brigade And Battalions
Active Duty and spouse representatives from Signal Brigade and
Battalions
NCO Academy representative
DENTAC Commander
Health Center staff:
DCCS Patient Advocate
DCA C, CSD
DCHS HERC representative
SGM

*Each community representative is a liaison to serve as an information link between their organization/unit and the MEDDAC. The liaison will provide input from the community, major organization or unit. Issues identified in this committee will be referred to the appropriate MEDDAC department or staff member for action.

Meetings: At the call of the Chairperson

Records/files: Maintained by Commander's Office

Reports to: EXCOM

APPENDIX H
Health Education Committee

Purpose: Serve as liaison between staff, patients and community; has oversight of library and educational material collection; approve acquisition and renewal of journal subscriptions for the MEDDAC; establish policy for the medical technical library; determine local rules and regulations governing use of the Resource Center, and approved material for discard.

Authority: AR 40-2, Army Medical Treatment Facilities

Chairperson: C, Primary Care

Recorder: HERC Coordinator

Members: Deputy Commander for Administration
C, PMWARS
Surgery Representative
C, Clinical Support Division
C, Resource Management Division
Behavioral Health Representative
Clinical Education Coordinator

Meetings: Quarterly, or at the call of the Chairperson

Records/files: Maintained by the HERC Coordinator

Reports to: Executive Committee of the Professional Staff

APPENDIX I
Clinical Staff Health Committee

Purpose: Representing the organization, the Committee is responsible for ensuring that the Health Center's Clinical Staff Health Program is fully implemented and followed. It assists the leaders in identifying, treating, rehabilitating and monitoring clinical staff that are suspected of being impaired from a health problem.

Authority: AR 40-68; AR 600-85

Chairperson: DCCS

Recorder: Credentials Coordinator

Members: Deputy Commander for Clinical Services
Deputy Commander for Health Services
Clinical Director, ASAP
C, Behavioral Health Service
*Department Chief of impaired staff
*Medical Legal Advisor
*Rep from CPAC Management Employee Relations (MER)
(if the IP is civilian)
Recovering impaired HCP with at least 2 years' recovery, if available
*Sr. Clinical NCO (if the IP is enlisted)

* Members as needed

Meetings: On call of the Chairperson

Records/Files: Maintained by Credentials Coordinator

Reports to: ECOPS

APPENDIX J
Information Management Guidance Council

Purpose: Serves as the decision-making body for MEDDAC Information Systems, to evaluate issues, determine requirements, and establish policies.

Authority: Commander, MEDDAC; AR 25-1

Chairperson: Deputy Commander for Administration

Recorder: Information Management Division

Members: DCCS
XO, DENTAC
C, Human Resources Division
C, Logistics Division
C, Resource Management Division
Nursing Representative
C, Clinical Support Division
C, Mobilization, Education, Training and Security
C, Patient Administration Division
C, Information Management Division
C, Managed Care
C, Primary Care
C, Specialty Care

Meetings: Quarterly or at the call of the Chairperson

Records/Files: Maintained by the IM Division

Reports to: EXCOM

APPENDIX K
Joint Staff Meeting

Purpose: To improve communication among staff at RWBAHC.

Authority: Commander, MEDDAC

Chairperson: Commander

Recorder: Command Secretary

Members: Department, Service, Division, Clinic Chiefs;
their assistants and/or representatives;
functional area managers; invited guests.

Meetings: Monthly or at the call of the Chairperson

Records/files: Attendance Rosters, but no formal written minutes maintained by the
Command Secretary

Reports to: N/A

APPENDIX L
Manpower Program and Budget Advisory Committee

Purpose: To determine and maintain appropriate staffing levels throughout RWBAHC

Authority: Commander, MEDDAC

Chairperson: Deputy Commander for Administration

Recorder/Coord: Civilian Liaison

Members: DCCS
DCHS
C, RMD
Sergeant Major

Meetings: Monthly or at the call of the Chairperson.

Records/files: Maintained by the Civilian Liaison

Reports to: EXCOM

APPENDIX M
Medical Records and Peer Review Committee

Purpose: To review medical records (health /outpatient) for their timely completion, pertinence and overall adequacy for use in performance improvement activities and when necessary as medico-legal documents. To identify, track and resolve problems, and recommend policies and procedures regarding the completion of medical records and to authorize locally developed forms and overprints for use in the medical record.

Authority: AR 40-68, Quality Assurance Administration
Comprehensive Accreditation Manual for Ambulatory Care
(CAMAC).

Chairperson: Physician appointed by DCCS

Recorder/Coord: C, Patient Administration Division

Members: Health Care Providers on a rotating basis,
Representing: Primary Care Clinic
Military Medicine
Pediatrics
PMWARS
Behavioral Health
Specialty Services
Ancillary Services
Utilization Management Coordinator
Outpatient Records Manager
Pharmacy Service Representative

Meetings: Quarterly. First two months: record review and
data aggregation; third month: data analysis and
administrative data consideration.

Records/files: Maintained by Patient Administration Division

Reports to: Executive Committee of the Professional Staff

APPENDIX N
Operative and Other Procedures

Purpose: Collaborative and interdisciplinary case review/peer review of operative, other invasive and noninvasive procedures that place patients potentially at risk. Emphasis for review will be: high risk/problem prone surgical procedures, MRI/CT scan, procedures involving anesthesia/sedation, high risk/ problem prone patient populations, and pre and post operative tissue.

Authority: Comprehensive Accreditation Manual for Ambulatory Care

Chairperson: C, Specialty Services

Recorder: Specialty Services Secretary

Members: C, Laboratory * Resources as needed:
Anesthetist C, Radiology
OR Head Nurse C, Orthopedics
PACU Head Nurse C, DMM
C, Internal Medicine

Meetings: Quarterly, or at the call of the Chairperson

Records/files: Maintained by Specialty Services

Reports to: Executive Committee of the Professional Staff

APPENDIX O
Patient Rights and Organizational Ethics Ad Hoc Council (Ethics)

Purpose: Provide an ethics council for the MEDDAC concerning the rights and responsibilities of patients and staff; provide information for resolving any ethical dilemma; provide guidelines and policies concerning ethical principles for staff, patients and family members of patients.

Authority: Comprehensive Accreditation Manual for Ambulatory Care

Chairperson: Deputy Commander for Clinical Services

Recorder: Behavioral Health Secretary

Members*

- Health Center Chaplain
- Nursing Representative
- Patient Representative
- Physician Representative
- Behavioral Health Representative
- Staff Judge Advocate Representative
- Staff member at large Representative (attending Physician)

*When an Ad-hoc meeting is called for patient of staff specific cases, the Ad-hoc members will also include representatives from the patient's primary health care team or staff member's work area as appropriate.

Meeting: Quarterly, or at the call of the Chairperson.

Records/files: Maintained by Behavioral Health

Reports to: Executive Committee of the Professional Staff

APPENDIX P
Pharmacy and Therapeutics Committee

Purpose: Recommend the adoption of and assist the formulation of broad professional policies regarding evaluation, election, procurement, distribution, safe use, pharmacoeconomical analysis and other matters related to therapeutic agents. Medication usage evaluation reports are reviewed by the committee.

Authority: AR 40-3, Pharmacy Policies and Procedures

Chairperson: Deputy Commander for Clinical Services

Recorder/Coord: C, Pharmacy Service

Members: C, Specialty Care
C, Pediatrics
C, Behavioral Health
Nursing Representative
C, Military Medicine
C, Adult Primary Care Clinic
PA/NP Representative
Staff Pharmacist w/Clinical expertise
Dental representative (Dentist)

Meetings: Bi-Monthly or at the call of the Chairperson

Records/files: Maintained by Pharmacy Service

Reports to: The Executive Committee of the Professional Staff

APPENDIX Q
Program Budget Advisory Council

Purpose: Serve as the Commander's primary advisory group on all matters pertaining to resource allocation and utilization within the MEDDAC.

Authority: Commander

Chairperson: Deputy Commander for Administration

Recorder/Coord: C, RMD

Members*: DCCS
DCHS
C, Logistics
C, PMWARS
C, PAD
C, Specialty Services
C, Primary Care
C, Pharmacy
C, Radiology
C, Behavioral Health
C, Nutrition Care
C, Human Resources Div.
C, METS
C, IMD
C, QM
TRICARE Representative Medical Maintenance, Civilian

* Nonmembers attendance
as required:
Property Management

Meetings: The MEDDAC Program Budget Advisory Committee (PBAC) meets semi-annually or at the call of the Chairperson. Depending on the complexities of issues at hand, certain RWBAHC PBAC meetings may require preliminary sessions to be held in advance. These preliminary sessions would assist in considering matters of service/department requirements and assist in establishing priorities.

Records/files: Maintained by RMD

Reports to: EXCOM

APPENDIX R
Rabies Committee

Purpose: Provide guidance and oversight for the reporting and management of animal bite/scratch incidents or potential rabies exposures within the Ft. Huachuca catchment area.

Authority: AR 40-5

Chairperson: C, Preventive Medicine Wellness & Readiness Svc.

Recorder: Secretary, PMWARS

Members: DCCS
Representative, Department of Military Medicine Clinic
Representative, Adult Family Care Clinic
Representative, Pediatric Clinic
Representative, After Hrs/Weekend/Holiday Clinic
Representative, Military Police Animal Control
Post Veterinarian
Cochise County, Animal Control Officer
Representative, Occupational Health
Representative, Ft. Huachuca Pest Control
NCOIC, PMWARS

Meetings: Quarterly

Records/files: PMWARS

Reports to: EXCOM

APPENDIX S
Readiness, Education & Training Council

Purpose: Reviews and approves the long range short range training calendars for the MEDDAC. Develops and coordinates the execution of training events in the six-week training schedule.

Authority: Commander

Chairperson: C, METS

Recorder: METs Office

Members: Sergeant Major
Company Commander
Clinical Education Coordinator
C, Clinical Support Division
C, Clinical Non-Commissioned Officer (NCO)
Equal Opportunity NCO

Meetings: Weekly or at the call of the Chairperson

Records/files: Maintained by METS

Reports to: EXCOM

APPENDIX T
Safety and Environment of Care Committee (EOC)

Purpose: Aid and advise in development and conduct of the command safety program; monitor and provide status reports on safety management, hazardous materials and waste management, security management, emergency preparedness management, utilities management, medical equipment management, and life safety management programs.

Authority: AR 385-10, Army Safety Program
Comprehensive Accreditation Manual for Ambulatory Care

Chairperson: Deputy Commander for Administration

Recorder: Safety Manager, MEDDAC

Members: C, Logistics Division
Medical Maintenance Manager
C, Peri-operative Nursing
Laboratory manager
C, Department of Pharmacy
Infection Control Officer
Environmental Science Officer
Facilities Manager
Security Manager
Occupational Health Nurse
Emergency Management Program Coord.
Industrial Hygiene Officer
Hazardous Materials/Hazardous Waste Officer
CSD NCO
DENTAC Representative
VETCOM Representative
Safety Manager
Risk Management Coordinator
Patient Safety Manager

Meetings: Bi-Monthly or at the call of the Chairperson

Records/files: Maintained by Safety Manager

Reports to: EXCOM

APPENDIX U
**Surveillance, Prevention and Control of Infection Council
(Infection Control)**

Purpose: Monitor the infection control program, provide advice and direction to staff on infection control issues, and recommend to the Executive Committee of the Professional Staff, corrective actions deemed necessary to reduce the risk of infection associated with medical care.

Authority: AR 40-68
AR 40-5
Comprehensive Accreditation Manual for Ambulatory Care.

Chairperson: Infection Control Officer

Recorder: Pharmacy Secretary

Members: Pharmacist
Occupational Health Nurse
Industrial Hygienist
Lab technician
DENTAC representative
Housekeeping representative
Facilities representative
Operating Room representative

Meeting: Quarterly, or at the call of the Chairperson

Records/files: Maintained by Infection Control Officer

Reports to: Executive Committee of the Professional Staff